

Work Order ID 105760

105760

Page 1

August-16-13 11:43:30 AM

Item ID:	D3187-2	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:					Stop	*NS2*	
Item Name:	Floor Panel						
Start Date:	8/16/13	Start Qty: 4.00	*4*	Cust Item ID:			
Required Date:	9/13/13	Req'd Qty: 4.00	*4*	Customer:			
Reference:							
Approvals:	Process Plan: M5	Date: 13-08-16	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3187	Rev C								
100		0.00							
100	FLOW WATER JET								
Waterjet									
FLOW CNC Waterjet									
60x61 T6 .050"									
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									
QC									
Quality Control									
	Memo	0.00							
	TEMPLATE DT3187-1T1								
120	QC8- Inspect parts - second check	0.00	DAS						
120			27						
QC			9-89						
Quality Control									
	Memo	0.00	13 9 11						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
					Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: - - -

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS											
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector						
Doc/Data																	
Equip/Tooling																	
Operator																	
Material																	
Setup																	
Other																	
Process																	
Supplier																	
Training																	
Unapproved																	
FAULT CATEGORY																	
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
																<input type="checkbox"/> Other	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update		Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Work Order ID 105760

105760

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August-16-13 11:43:30 AM

Item ID:	D3187-2		Accept	*N900040100*	Setup	Start	*NS1*		
Revision ID:						Stop	*NS2*		
Item Name:	Floor Panel								
Start Date:	8/16/13	Start Qty:	4.00	*4*	Cust Item ID:				
Required Date:	9/13/13	Req'd Qty:	4.00	*4*	Customer:				
Reference:							Run	Start	*NR1*
Approvals:	Process Plan:	Date:	Tooling:	Date:			Stop	*NR2*	
	QC:	Date:	SPC (Y/N):	Date:					

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 *1Qn* QC	QC21- Final Inspection - Work Order Release	0.00							 Rm 13/10/10
Quality Control	Memo	0.00							

✓ Rm 13/10/10 .

$\alpha(B)^{10-1}$

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____	<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update		<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab		<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite		<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier		<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
NCR No. _____												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear	General											
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized								
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Pressure/Forced								
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Over/Under tolerance								
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Incorrect								
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Lost/Missing								
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Part Moved								
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Positioned Wrong								
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Power Loss/Surge								
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration									
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence									
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions									

Picklist Print

August-16-13 11:43:33 AM

Page 1

Work Order ID: 105760

105760
D3187-2

Parent Item: D3187-2

Parent Item Name: Floor Panel

Start Date: 8/16/13

Required Date: 9/13/13

Start Qty: 4.00

Required Qty: 4.00

Comments:

IPP: C05.04.14 Now a purchased part KJ/JLM
 IPP Rev:D Now on Waterjet 07-04-19 JLM
 IPP Rev:E Now Powder Coated 07-05-24 JLM
 IPP Rev:F 09-01-20 rev.C as per dwg DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2986-1		Manufactured	No			110	Each	5.0000	1	4		13.10.03	

D2986-1

Rubber Spacer

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST242	5	
99576	5	

M6061T6S.050

Purchased

6061-T6 .050 Sheet

M6061T6S 050

160	sf	505.5280	7.43	31.28421
-----	----	----------	------	----------

** 32.0

Jm, 3-09-11

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT021	505.528	
114799	56.682	
114993	27	
121192	102.4	
123293	176.446	
125636	143	

125636

NCR: Yes / No

DQA: _____ Date: _____ . . .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

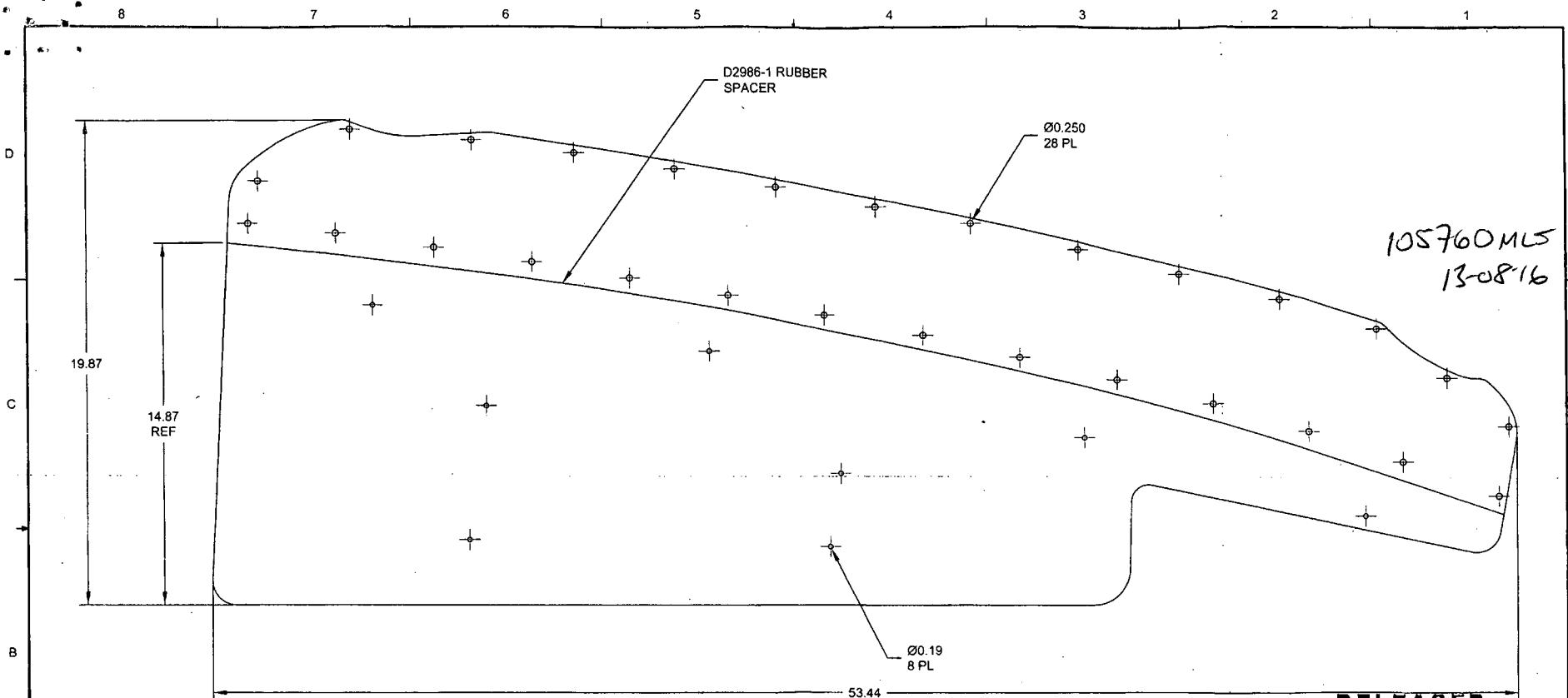
DART AEROSPACE LTD	Work Order:	105760
Description: Spacepod Floor	Part Number:	D3187-2
Inspection Dwg: D3187	Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

-34-

Measured by:	Jm	Audited by:	27 9-89	Preliminary Approval:	N/A
Date:	13-09-11	Date:		Date:	N/A

Rev	Date	Change	Revised by	Approved
A	07.06.04	New Issue	KJ/JLM	
B	10.08.03	Dimensions updated to Dwg Rev C	KJ	



D3187-1 SPACEPOD FLOOR

D3187-1 SPACEPOD FLOOR NOTES:

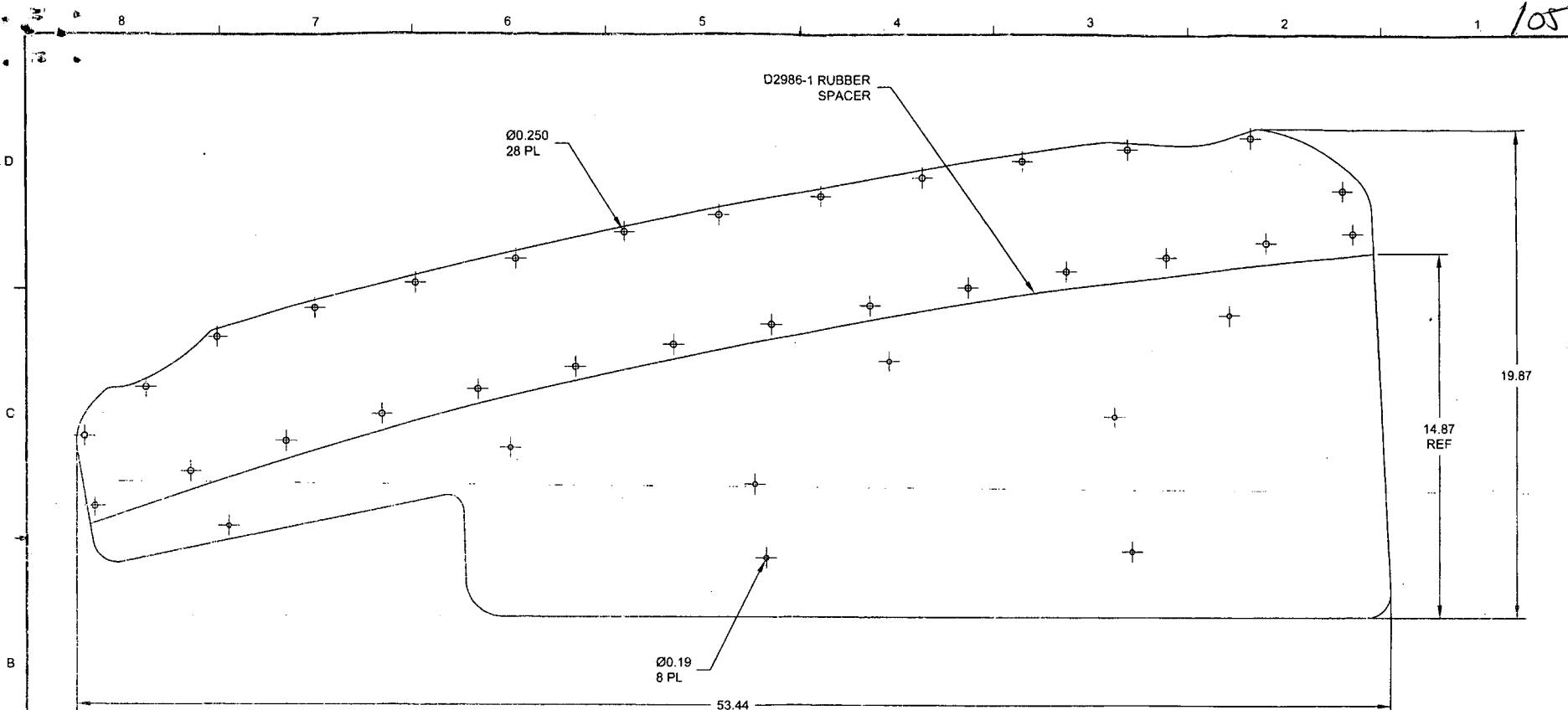
- 1) MATERIAL: 6061-T6 (OR 6061-T62) ALUMINUM SHEET, 0.050 THICK
PER QQ-A-250/11 OR AMS 4025 OR AMS 4027
(REF DART SPEC. M6061T6S.050)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT BLACK SANTEX (4.3.5.7) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3187-1" USING WHITE FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 4.2 LBS
- 8) TOOLING: CUT/DRILL PER TEMPLATE DT3187-1T1
- 9) AFTER FINISH, INSTALL D2986-1 RUBBER SPACER USING CONTACT CEMENT. TRIM TO FIT

C	REDRAWN TO CURRENT STANDARDS; TRANSFERRED TO B-SIZE FORMAT; ADDED SHEET 2; CREATED DETAIL FOR D3187-2; REVISED SHEET 1 NOTES. REASON: CLARIFIED DRAWINGS FOR D3187-1/2.	MB	09.01.05
B	CHANGE SHAPE	CP	03.05.16
A	NEW ISSUE	CP	03.03.31
REV.	DESCRIPTION		
DESIGN	DART AEROSPACE LTD		
DRAWN	HAWKESBURY, ONTARIO, CANADA		
CHECKED	REV. C		
MFG. APPR.	DRAWING NO. D3187		
APPROVED	SHEET 1 OF 2		
DE APPR.	TITLE SPACEPOD FLOOR		
DATE	SCALE NTS 09.01.05		

RELEASED
09.01.05

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WRITTEN PERMISSION FROM DART AEROSPACE LTD.

105760



D3187-2 SPACEPOD FLOOR

D3187-2 SPACEPOD FLOOR NOTES:

- 1) MATERIAL: 6061-T6 (OR 6061-T62) ALUMINUM SHEET, 0.050 THICK
PER QQ-A-250/11 OR AMS 4025 OR AMS 4027
(REF DART SPEC. M6061T6S.050)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT BLACK SANTEX (4.3.5.7) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3187-2" USING WHITE FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 4.2 LBS
- 8) TOOLING: CUT/DRILL PER TEMPLATE DT3187-111
- 9) AFTER FINISH, INSTALL D2986-1 RUBBER SPACER USING CONTACT CEMENT. TRIM TO FIT

RELEASED
09.01.06 JMB

DESIGN	5	DART AEROSPACE LTD
DRAWN	5	HAWKESBURY, ONTARIO, CANADA
CHECKED	5	REV. C
MFG. APPR.	5	DRAWING NO.
APPROVED	5	D3187 SHEET 2 OF 2
DE APPR.	5	TITLE
DATE	09.01.05	SCALE
		NTS

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